



# APPLICATION FORM COMMERCIAL USE AUTHORIZATION

OMB Control No: 1024-0266  
Exp. Date: 08/31/2016

DEPARTMENT OF THE INTERIOR  
National Park Service  
MOUNT RAINIER NATIONAL PARK  
Attention: Jan Crosetto  
55210 238<sup>th</sup> Avenue East  
Ashford, WA 98304  
(360) 569-6514

**IMPORTANT:** Before completing this application, please refer to the Application Instructions to verify that the service you are proposing is an approved commercial service. If the service you wish to provide is **not** listed on the table of approved commercial visitor services, contact us at the number above. Please submit your Application fee and Administrative fee with this application.

Some parks have minimum requirements for businesses that offer services to visitors relating to the safety and welfare of the visitors and protection of the resources. These requirements may include documentation of first aid training, an emergency response plan, limits to group size, etc.

(1) **Service for which you are applying**  
(See list of approved services in the attached instructions)

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(2) **Will you be providing this service in more than one park?** Yes \_\_\_\_ No \_\_\_\_ **If yes, list all.**

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(3) **Applicant** (Legal Business Name and DBA)

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(4) **Authorized Agents** (Owner and any onsite person authorized to manage the operation)

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(5) **Mailing Address:**

**PRIMARY CONTACT INFO** (Dates at this address \_\_\_\_\_)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**ALTERNATE CONTACT INFO** (Dates at this address \_\_\_\_\_)

If same as "Primary Contact Info", check here ☐ and go to number (6).

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**(6) What is your Business Type** (Please check one below):

☐ Sole Proprietor

☐ Partnership (Print the names of each partner. If there are more than two partners, please attach a complete list of their names.)

(Name \_\_\_\_\_)

(Name \_\_\_\_\_)

☐ Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

☐ Limited Liability Corporation: (State: \_\_\_\_\_ Entity Number \_\_\_\_\_)

☐ Non-Profit (Please attach a copy of your IRS Ruling or Determination Letter)

☐ Other (Specify)

**(7) State Business License Number:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(8) Employer Identification Number (EIN)** \_\_\_\_\_

**(9) Insurance and Vehicles**

Provide proof of insurance. The CUA operator must maintain General Liability insurance naming the United States of America, National Park Service as an **additional insured**. Minimum coverage amount is \$300,000 per occurrence. Some activities will require increased coverage, see Park-Specific instructions. Auto Liability insurance is also required at a minimum coverage amounts described below.

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

Will your business operate vehicles (car, truck, van, bus, taxicab, boats, aircraft etc.) within NPS boundaries \_\_\_\_? ☐ Yes ☐ No ☐

If "yes," please give a description of each vehicle. Use additional paper if necessary. All vehicles are required to be registered and the operators are required to have the licenses to operate them commercially as required by law or regulation.

MAKE OF VEHICLE	MODEL	YEAR	MAX # PASSENGERS	OWN	LEASE

**(10) NPS Employment**

Are you, your spouse, or minor children employed with the National Park Service?

☐ Yes ☐ No ☐ If Yes, please complete below:

Employee: \_\_\_\_\_

Title \_\_\_\_\_

Park and Office where employed: \_\_\_\_\_

**(11) To your knowledge, have you, your company, or any current or proposed employees been convicted or fined for violations of State, Federal, or local law within the last 5 years?**

**Are you, your company, or any current or proposed employees now under investigation for any violations of State, Federal, or local law or regulation? See instructions**

Yes ☐ No ☐ If "yes", please provide the following information. Attach additional pages if necessary.

Date of violation or incident under investigation: \_\_\_\_\_

Name of business or person(s) charged: \_\_\_\_\_

Please identify the law or regulation violated or under investigation:

\_\_\_\_\_

Please identify the State, municipality, or Federal agency that initiated the charges:

\_\_\_\_\_

Additional Detail (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Results) Action Taken by Court \_\_\_\_\_

(12) **FEE:** Please include the Application Fee and Administrative Fee as outlined in the Park-Specific instructions.

(13) **Signature:** False, fictitious or fraudulent statements or representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**PAPERWORK REDUCTION ACT STATEMENT:** In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 USC 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your ability to offer the services requested and to notify the public what services you will offer. We estimate that it will take approximately 2.5 hours to prepare an application, including time to review instructions, gather and maintain data, and complete and review the proposal. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.



# APPLICATION FORM INSTRUCTIONS COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268  
Exp. Date: 08/31/2016

**The following explanations correspond directly with the numbered items on the Application Form. Please read this entire document prior to completing the application. Include the nonrefundable application fee when submitting this application.**

1. Enter the service you are proposing to provide. These are the services which are currently approved in the park.
2. Respond "No" or list other parks where you will be providing this service.
3. Enter the legal name of your business. If you have a secondary name under which you are doing business (d.b.a.), please enter that name also.
4. Give the name(s) of persons designated as Authorized Agents for your business. This may include the on-site general manager responsible for day to day operations.
5. Provide contact information for both the main season and the off-season. Over the term of your authorization, it may be necessary to contact you to obtain or share information. Your contact information may also be published in the NPS Commercial Services Directory.
6. Check the box that identifies your type of business.
7. If the state in which you operate or the state where your business is domiciled requires a state business license, provide the license number and year of expiration.
8. Provide your Employer Identification Number (EIN). The Debt Collection Improvement Act of 1996 requires us to collect an EIN or Social Security Number (SSN). The NPS will not collect SSNs, only EINs. The EIN is issued by the Internal Revenue Service. You may receive a free EIN at <http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/How-to-Apply-for-an-EIN>. We will use the EIN that you provide as needed to collect debts.
9. Provide proof of General Liability Insurance naming the United States of America, National Park Service, as additionally insured in the amounts designated in the application.
10. NPS Management Policy prohibits employees of the NPS and their spouses and minor children from acquiring or retaining any authorization for conducting commercial services in a park area.
11. If your business or business owners or current employees or proposed employees have been convicted or are currently under charges for violation of State, Federal, or local law or regulation in the last 5 years, please give details (does not include minor traffic tickets).
12. Include payment of the Application Fee and Administrative Fee (see Attachment B).
13. Please sign and date your application. If the person SIGNING this application is not an Authorized Agent for the business, proof of signing authority must accompany this application.

## Attachments:

Appendix

Exhibit 1: Commercial-Free Zones

Exhibit 2: Acknowledgement of Risk Form

Exhibit 3: Annual Use Report



## 2016 Application Instructions

### COMMERCIAL USE AUTHORIZATION (CUA)

Quick reference to documents helpful in completing the application	Page No.
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#### **I. GENERAL INFORMATION**

- A. Definition of a CUA: Section 418 of the National Parks Omnibus Management Act of 1998, Public Law 105–391 (Section 418), authorizes (but does not require) NPS, upon request, to issue commercial use authorizations (CUA's) to persons (referring to individuals, corporations and other entities) to provide commercial services to Park area visitors in limited circumstances. CUAs, although used to authorize commercial services to Park area visitors, are not concession contracts. They are intended to provide a simple means to authorize suitable commercial services to visitors in park areas in the limited circumstances in the legislation.
- B. No more than one CUA per activity will be issued to an Applicant (inclusive of its individual owners and employees). However, Applicants can apply for and receive CUAs for more than one type of activity.
- C. All CUAs are valid for 2 years.
- D. If the business is a non-profit that will not be generating taxable income from the activity, then you are not required to obtain a CUA. Non-profit entities may be required to obtain a Special Use Permit for their activity even if they are not required to obtain a CUA. Please contact the park for additional information concerning this issue.
- E. Each authorization must be licensed by the State of Washington, if required by the State. Please contact the Department of Business Licensing at (360) 664-1400 or get more information online at <http://www.dol.wa.gov/>.
- F. Allow at least 30 days to review and process a CUA. Submitting a complete application packet greatly aids us in issuing your authorization in a timely manner.

## II. COMMERICAL USE AUTHORIZATION PROCESS

1. **Date applications are accepted:** Mount Rainier National Park begins accepting applications annually starting **September 1** for CUAs. Note the alternate years depending on the activity as follows:

**September 1, 2015:** Applications accepted for Single Trip Guides Climbing, and Photography and Art Courses (for years 2016/2017).

**September 1, 2014:** Applications accepted for the following CUAs: Summer Guided Overnight Wilderness Use (backpacking), Drive-in Campground Use, Guided Day Hiking, Bicycling, Shuttles, and Winter Guided Day and Overnight Wilderness Use (for years 2015/2016). For a list of CUAs, see page 4.

**Monthly rounds:** The Park limits the number of CUAs issued for each activity. Applications for CUAs will be accepted in monthly rounds. The September round will accept applications postmarked between September 1 and September 30. Any remaining CUAs that were not issued in September will be available for the October round. Those applications postmarked October 1 through October 31 will be considered in the October round. CUAs not issued in October will be available for the November round. After November, it is first-come, first-served for any remaining CUAs.

2. **Complete, Sign, and Date Application Form(s), including all items on the Appendix Checklist specific to your activity.** Please complete a separate Application form for each CUA activity you are applying for.

**MAIL completed, signed Application form, Appendix Checklist paperwork, Application fee, and Administrative fee for each CUA you are applying for.** Please write separate checks for the Application fee and the Administrative fee. The Administrative fee will be returned to you if a CUA is not awarded.

**Mailing address:** Mount Rainier National Park  
Attention: Jan Crosetto, CUA Specialist  
55210 238<sup>th</sup> Avenue East  
Ashford, Washington 98304

Application packets need to be postmarked September 30<sup>th</sup> or earlier to be eligible for the initial CUA qualification determination (See 1. “Monthly rounds” above). Your application packet will not be considered if incomplete and you will not be solicited for missing information.

3. **Multi-level NPS Qualification Process:** Depending upon the number of Applications received, the NPS may process the CUA Application in several stages in order to ensure that Park safety and resource matters are appropriately addressed. The first stage represents an initial qualification to ensure that specific requirements for each authorized activity are met and all of the required information has been provided. If the Application is determined by NPS to be complete and meet the minimum qualifications as set forth in the Appendices, the CUA Application passes the initial qualification and moves to a second stage.

(a) All applications that pass the initial qualification will be grouped by activity at the end of each month. If there are an equal or fewer number of successful applicants for a given CUA activity, then a CUA will be issued to each applicant. If there are more successful applicants having passed the initial qualification than the number of CUAs for a given activity, the NPS will perform a second qualification round. The Superintendent will select as the best application (from among the qualified applications) that the Superintendent determines on the basis of a narrative explanation outlined in the Operating Plan that will, on an overall basis, best provide the Park with the greatest demonstration of (1) resource protection, (2) safety and responsiveness to its customers and park visitors.

(b) Operating plan responsiveness to customers and resource protection information or narrative could include:

- Specific examples of business operations undertaken by the Applicant that demonstrate these objectives.
  - Details of overall background and experience in providing services similar to those that are to be provided.
  - Resumes of key individuals that you will employ to carry out management and operations under the contract that demonstrate these objectives.
  - Describe how you will employ the Leave No Trace Program as part of your operation in Mount Rainier National Park.
4. **Confirmation and Award:** All requests for CUAs will receive a response from our office. If the Application results in award, the CUA will be emailed to the Applicant for signature. If the entity is not awarded a CUA, the Administrative fee will be returned. (See Section IV for Fee Schedule and Definitions).
5. **Annual Reporting Requirements:** All Annual Use Reports are due each year no later than November 15. Winter Use CUA Annual Use Reports are due no later than July 1.



### III. APPROVED COMMERCIAL VISITOR SERVICES

Appendix	Approved Commercial Service	Definition	Number of CUA's to be Issued
A	Summer Guided Overnight Wilderness Use (backpacking)	Guided hiking trips on designated trails that include overnight camping in the backcountry.	5
B	Commercial Use of Drive-in Campgrounds	Use of designated campground facilities by commercial groups.	10
C	Guided Day Hiking	Guided hiking trips on designated trails.	10
D	Guided Bicycling	Guided bicycle trips on public roads	5
E	Photography and Art Courses	Photography and art classes along public roads or on designated trails.	20
F	Shuttles	Shuttles requiring CUAs: <ul style="list-style-type: none"> <li>Point to Point Transportation within the Park Boundary</li> <li>Regularly Scheduled Passenger Pick-up and Drop-off Transportation Services</li> </ul>	10
G	Winter Guided Day and Overnight Wilderness Use	Guided skiing, snowshoeing, etc. Winter activities, with the exception of Camp Muir activities, will occur below 10,000' elevation.	4
H	Single Trip Guides (one-time summit climbs)	Guided summit climb for 1 trip	15
I	Step-On-Guides (road-based interpretation)	Guides can be hired by visitors including road tour operators. Guides would conduct on-board interpretation or out-of-vehicle walks of 1 mile or less one way.	10

### IV. FEES

The authority for the NPS to recover associated management and administrative costs of CUA's is found in PL 105-18 and 31 U.S.C.9701 and 16 U.S.C. 3a. The Director must charge a reasonable fee for the issuance of a commercial use authorization in order to recover associated management and administrative costs. The authority to charge Recreational Use Fees is found in P.L. 105-18 and the authority to charge CUA fees is found in P.L. 105-391.

1. **Application Fee** represents the costs incurred by the National Park Service in distribution of applications, initial review to make sure the information supplied is sufficient to form a decision, and award of the authorization.
2. **Administrative Fee** is based on cost associated with the administrative process of managing the authorization. The Administrative Fee is due at the time the application is submitted.
3. **Management/Monitoring Fee** is charged by certain Parks and is based on the actual costs incurred by all Park divisions involved in monitoring, supporting or cleanup and restoring after the use.

## FEE SCHEDULE

Activity	Application Fee Include with application	Administrative Fee Include with application	Management/ Monitoring Fee Mail to CUA office	Reservation Fee Mail to CUA office, except as noted
Summer Guided Overnight Wilderness Use (backpacking)	\$100	\$200	\$65 per trip. Due 2 months prior to trip.	Reservation fee due before March 1 <sup>st</sup> .
Drive-in Campground Use	\$100	\$200	-0-	See <a href="http://www.recreation.gov">www.recreation.gov</a> to reserve at Cougar Rock Campground or Ohanapecosh Campground.
Guided Day Hiking	\$100	\$200	\$20 per day trip in the park. Due after final trip.	-0-
Guided Bicycle Tours	\$100	\$200	-0-	-0-
Photography and Art Courses	\$100	\$200	\$20 per day trip in the park. Due after final trip.	-0-
Shuttles	-0-	-0-	-0-	-0-
Winter Guided Day and Overnight Wilderness Use	\$100	\$200	\$125 for overnight trips. Due before trip commences.  \$25 per day trip in the park. Due after final trip.	There is a reservation fee per trip for advanced reservations for overnight use.
Single Trip Guides (one-time summit climbs)	\$125	\$200	\$250 per trip. Due 2 months prior to trip.	Reservation fee due before March 1 <sup>st</sup> .
Step-On-Guides (road-based interpretation)	\$100	\$200	-0-	-0-

**Entrance fees:** CUA entrance fees are \$10.00 per passenger in the vehicle, driver is free. Any passenger with a park pass or under 16 years of age is free. In order to be charged the CUA entrance fee, rather than the commercial entrance fee, you must show your CUA to the attendant at the entrance booth.

**Climbing Pass fee:** All guides and clients who are climbing with a Single Grip Guides CUA must purchase a Climbing Pass. Climbing Passes can be purchased online [www.nps.gov/mora](http://www.nps.gov/mora) or at park Ranger Stations or Wilderness Information Centers.

### V. COMMERCIAL FREE ZONES

The following commercial free zones have been established (Refer to Exhibit 1 for a map of the areas noted below):

1. West Side Alpine Commercial Free Zone (area 1 on the attached map “Exhibit 1”): Success Cleaver clockwise to Ptarmigan Ridge (inclusive) from 6,000 feet elevation on the lower edge to 13,500 feet elevation on the upper edge.
2. Tatoosh Commercial Free Zone (area 2 on the attached map “Exhibit 1”): A low elevation commercial free area on the south side of the Wonderland Trail between the Muddy Fork Cowlitz River, westward to the Nisqually River/Eagle Peak area and encompassing the Tatoosh Range within the park. This area would be defined as the area between the Nisqually River and the Muddy Fork of the Cowlitz River, south of the Wonderland Trail and Stevens Canyon Road (whichever is further south). It would not include the Longmire Campground or administrative access road to Skate Creek Road (USFS Road 52).

## VI. GROUP SIZE LIMITS

Discussed in each of the applicable Service Appendices.

## VII. INSURANCE AND THE MINIMUM AMOUNT REQUIRED

The CUA operator is required to maintain General Liability insurance naming the United States of America (National Park Service, Mount Rainier National Park, 55210 238<sup>th</sup> Avenue East, Ashford, Washington 98304) as an additional insured at no less than the coverage amounts described below. Auto Liability insurance is also required at the coverage amounts described below.

### 1. General Liability

Service Appendix Number	Service Description	Minimum per Occurrence Liability Limits
A	Summer Guided Overnight Wilderness Use (guided overnight hiking)	\$300,000
B	Commercial Use of Drive-in Campgrounds	\$300,000
C	Guided Day Hiking	\$300,000
D	Guided Bicycle Tours	\$300,000
E	Photography and Art Courses	\$300,000
F	Shuttles	\$300,000
G	Winter Guided Day and Overnight Wilderness Use	\$300,000
H	Single Trip Guides (guided climbing)	\$1,000,000
I	Step-On-Guides	\$300,000

### 2. Auto Liability (i.e. car, van and bus, if applicable)

Number of Passengers	Minimum per Occurrence Liability Limits
Single Purpose Activities (includes day and overnight hiking, photography and art classes, bicycling, and group camping.)	\$300,000
Up to 5 passengers	\$300,000
6 to 12 passengers	\$500,000
13 to 20 passengers	\$750,000
Over 21 passengers	\$1,500,000

3. If the limit required by the State where the entity is based is higher than the limit listed above, the entity will provide the higher level of coverage. The CUA operator will provide copies of certificates

of insurance to the Park as part of the application process with the required endorsement listing the United States of America (as noted above) as an additional insured.

4. Workers compensation coverage must be provided to eligible workers as required and described by State law.
5. Coverage provided by insurance companies must meet the following minimum requirements:
  - All insurers for all coverages must be rated no lower than A- by the most recent edition of Best's Key Rating Guide (Property-Casualty edition).
  - All insurers for all coverages must have a Best's Financial Size Category of at least VIII according to the most recent edition of Best's Key Rating Guide (Property-Casualty edition).
  - All insurers must be admitted (licensed) in the State in which the entity is domiciled.
6. The entity assumes liability for and agrees to save, hold harmless, protect, defend and indemnify the United States of America, its agents and employees, for and against any and all liabilities, obligations, losses, damages or judgments (including, without limitation, attorney and expert fees) of any kind and nature whatsoever on account of fire or other peril, bodily injury, death or property damage, or claims for bodily injury, death or property damage of any nature whatsoever, and by whomever made, in any way connected with or arising out of the activities of the entity, its employees, agents, or contractors, under this permit. This indemnification will survive the revocation or expiration of this permit.



**APPENDIX C**  
**SPECIAL PARK CONDITIONS**  
**COMMERCIAL USE AUTHORIZATION**

**GUIDED DAY HIKING 2015-2016**

**CHECKLIST AND SUPPLEMENTAL QUESTIONS**

**I. GENERAL INFORMATION**

- (A) Ten Commercial Use Authorizations are available for this activity. An entity can hold only one of the ten authorizations.
- (B) The following conditions apply to this activity:
1. May guide up to 40 groups per summer per CUA between May 15 through September 30 (inclusive).
  2. Parties of up to 12 clients and guides.
  3. Five clients per guide (maximum) recommended.
  4. One trip per day (can include multiple locations with the same group).
  5. No off-trail use (cross-country travel, hiking on undesignated trails or in non-commercial use zone).
  6. Commercial day hikes are not allowed on these trails: Paradise Meadows (with the exception of passing through to Camp Muir), Nisqually Vista Trail, Ohanapecosh Hot Springs Trail, Grove of the Patriarchs, Trail of Shadows, Fremont Lookout, and the Sunrise Loop Trail by Frozen Lake (with the exception of passing through to Burroughs Mountain or Berkeley Park).
- (C) Commercial Free Zones – The CUA holder shall not enter, travel through, or otherwise use Commercial Free Zones. The two zones are the West Side Alpine Commercial Free Zone and the Tatoosh Commercial Free Zone (Refer to Exhibit 1 for a map of these areas).
- (D) Parking: Due to limited parking, no more than 2 commercial vehicles can be parked at a trailhead at one time in the park (with the exception of the Paradise lower lot, Longmire and Sunrise parking lots).
- (E) Guide Qualifications: At a minimum, the lead guide will possess a current Wilderness First Responder certification (or equivalent). If the guided group stays within 1 mile of their vehicles, then First Aid and CPR certifications are adequate for the guide(s). The lead guide must possess a Leave No Trace Trainer certificate (or equivalent).
- (F) LNT: The CUA holder will model appropriate wilderness practices. The CUA holder will be required to abide by and instruct clients in “Leave No Trace” principles in sub-alpine and forest environments.

- (G) The CUA holder is encouraged to comply with the guidelines of the US Public Health Service for Food, Potable Water, Human Waste, Vector-Borne and Zoonotic Diseases, and Illness Reporting in backcountry operations ([www.nps.gov/public\\_health/index.htm](http://www.nps.gov/public_health/index.htm), click on “State Health Departments” on left column).
- (H) The guide must notify the Park of any incident that results in an injury requiring the care of a physician or in damage to property.
- (I) Annual Reporting Requirements: All Annual Use Reports are due each year no later than November 15.

## II. APPLICATION CHECKLIST

The following requirements must be met in order for authorization of the Guided Day Hiking CUAs to be issued from Mount Rainier National Park (hereinafter “Park”).

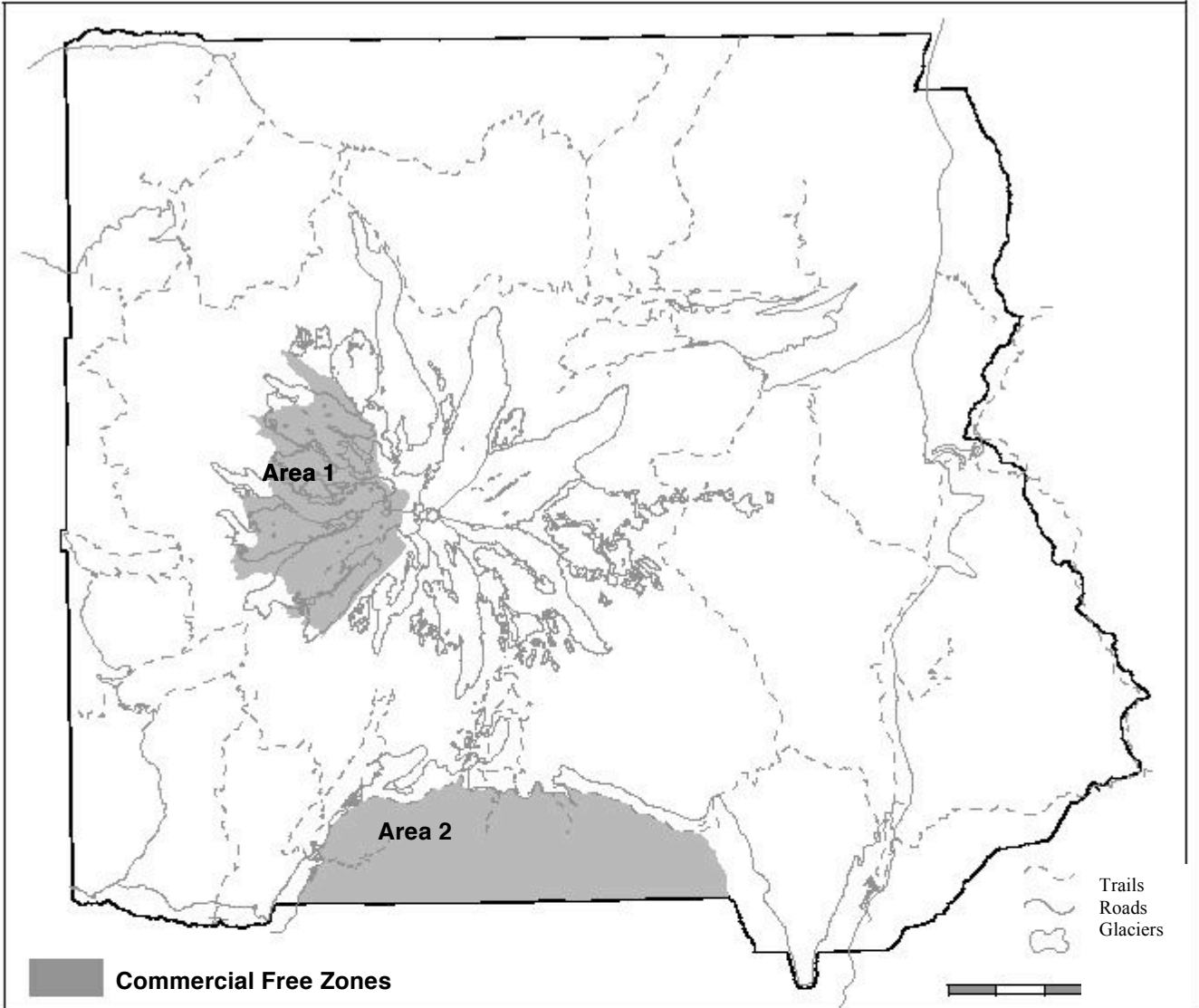
	Requirement	Checklist
(1)	<p>The Applicant must present the Park with an outline of the client orientation. At a minimum, the orientation will cover:</p> <p>(a) The National Park Service mission. Found at <a href="http://www.nps.gov/mora">www.nps.gov/mora</a>, select “Get Involved”, “Sustainability”.</p> <p>(b) LNT practices to be followed while conducting activities within the Park.</p> <p>(c) Overview of geologic hazards associated with the Park. Found at <a href="http://www.nps.gov/mora">www.nps.gov/mora</a>, select “Plan Your Visit”, “Safety”, “Geohazards”.</p>	<p>___ Outline Attached</p> <p>(a)___ Mission</p> <p>(b)___ LNT</p> <p>(c)___ Hazards</p>
(2)	<p>Applicant must present the Park with a <b>Standard Operating Plan</b>. All Operating Plans will be reviewed by NPS for approval. The operations plan will be evaluated for compatibility with the guidelines for commercial services, interpretation, and resource protection at Mount Rainier National Park. CUA’s will not be issued and trips must not begin until the Operating Plan has been approved.</p> <p>The Operating Plan, at a minimum, will include:</p> <p>(a) Explanation of services to be provided and the locations where services will be provided.</p> <p>(b) Beginning and ending dates of service and locations in the park.</p> <p>(c) Group size. Guide to client ratio.</p> <p>(d) Qualifications roster of individuals guiding in the Park.</p> <p>(e) Safety procedures that apply to your service.</p> <p>(f) Resource protection measures including LNT and environmental education information that will be provided to your clients.</p>	<p>___ Operating Plan including:</p> <p>(a)___ Service Explanations</p> <p>(b)___ Service Dates</p> <p>(c)___ Group Size and ratio</p> <p>(d)___ Guide Qualifications</p> <p>(e)___ Safety Procedures</p> <p>(f)___ Resource Protection</p>

	Requirement	Checklist
	<p>(g) Sanitation procedures that apply to your service.</p> <p>(h) Explanation of the procedures to be taken in case of accidents or other emergencies.</p> <p>(i) Copy of Wilderness First Responder or First Responder certification for the lead guide(s) providing services at the park. If the guided group stays within 1 mile of their vehicles, then First Aid and CPR certifications are adequate for the guide(s).</p>	<p>(g)___ Sanitation Procedures</p> <p>(h)___ Emergency Procedures</p> <p>(i)___ Emergency Medical Certifications</p>
(3)	Copy of the rate schedule for services that the entity proposes to offer through the CUA.	___ Rate Schedule Attached
(4)	<p>a) Current Certificate of General Liability Insurance required.</p> <p>(b) Auto Liability Insurance if applicable. Are you required to have Auto Liability Insurance? ___ Yes ___ No</p> <p>(c) Workers' Compensation if applicable. Are you required to have Workers' Compensation for your guides? ___ Yes ___ No Refer to "VIII Insurance and the Minimum Amount Required" (Application Instructions - page 6).</p>	<p>(a)___ Certificate of General Liability</p> <p>(b)___ Certificate of Auto Liability (if applicable)</p> <p>(c)___ Certificate of Workers Compensation Insurance</p>
(5)	Visitor's Acknowledgement of Risks Form - If the Applicant uses an Acknowledgement of Risk Form, the language must follow the approved NPS Acknowledgement of Risk format. The NPS format for this type of document is included as Exhibit 2. <b>A waiver of liability statement, insurance disclaimer, and/or indemnification agreement is not allowed.</b>	___ Visitor Risk Form
(6)	<p>Two fees are due with the application packet. Please write separate checks for each fee. If a CUA is not awarded, your check for the Administrative fee of \$200 will be returned to you. The Application fee is non-refundable.</p> <p>Application fee: \$100 Administrative fee: \$200</p>	<p>___ Check for \$100 Application fee</p> <p>___ Check for \$200 Administrative fee</p>
(7)	Include a completed and signed Application Form with your application.	___ Application Form

**COMMERCIAL USE AUTHORIZATION  
EXHIBIT 1  
U.S. DEPARTMENT OF THE INTERIOR**

**Mount Rainier National Park**

**COMMERICAL FREE ZONES**



**Area 1 - West Side Alpine Commercial Free Zone:** Success Cleaver clockwise to Ptarmigan Ridge (inclusive) from 6,000 feet elevation on the lower edge to 13,500 feet elevation on the upper edge.

**Area 2 Tatoosh Commercial Free Zone:** A low elevation commercial free area on the south side of the Wonderland Trail between the Muddy Fork Cowlitz River, westward to the Nisqually River/Eagle Peak area and encompassing the Tatoosh Range within the park. This area would be defined as the area between the Nisqually River and the Muddy Fork of the Cowlitz River, south of the Wonderland Trail and Stevens Canyon Road (whichever is further south). It would not include the Longmire Campground or administrative access road to Skate Creek Road (USFS Road 52).



**COMMERCIAL USE AUTHORIZATION  
EXHIBIT 2**

**U.S. DEPARTMENT OF THE INTERIOR**

**Mount Rainier National Park**

## **Visitor Use Acknowledgement of Risk**

In consideration of the services of \_\_\_\_\_ their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "\_\_\_\_\_") I agree as follows:

Although \_\_\_\_\_ has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, \_\_\_\_\_ has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. \_\_\_\_\_ does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

[description of risks]

I am aware that \_\_\_\_\_ entails risks of injury or death to any participant. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of \_\_\_\_\_ has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Signature of Parent or Guardian, if participant is under 18 years of age

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ANNUAL REPORT COMMERCIAL USE AUTHORIZATION

OMB Control No. 1024-0268  
Exp. Date: 08/31/2016

DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE  
MOUNT RAINIER NATIONAL PARK  
JAN CROSETTO, CUA COORDINATOR  
Jan\_Crosetto@nps.gov or (360) 569-6514

Due by: November 15

Please enter the information below. Refer to the instructions on the last page.

## 1. Contact Information

Holder Name: \_\_\_\_\_ Contact Person (if different): \_\_\_\_\_

Business Name: \_\_\_\_\_ Email: (business) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: (Contact Person) \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

## 2. Services provided:

\_\_\_\_\_

## VISITOR USE INFORMATION

3. How many clients did you serve within the park? \_\_\_\_\_  
How many of those clients were youth (24 years old and younger)? \_\_\_\_\_ (optional information)  
How many trips did your company make to the park this year? \_\_\_\_\_

Month	Number of Trips	Number of Visitors
Jan		
Feb		
Mar		
Apr		
May		
Jun		
Jul		
Aug		
Sep		
Oct		
Nov		
Dec		
Annual/Total		

How many guides were on each trip ? \_\_\_\_\_

4. What was your average length of stay per visit in the park this year?  
(For day trips show the average number of hours that you spend in the park per trip.  
For overnight trips show the average number of nights that you spend in the park per trip.  
If both types of trips were offered show the average length of stay for each type.)

**Day Use**

**Number of Day Trips** \_\_\_\_\_ **Average Hours/trip** \_\_\_\_\_  
(Show trips that use lodging outside of the park, as day trips.)

**Overnight Use**

**Number of Overnight Trips** \_\_\_\_\_ **Average # of Nights/trip** \_\_\_\_\_  
(May include 1st day travel to trailhead and last day exiting backcountry.)

5. The park is:

- ☐ the **exclusive** destination for your clients. (This means it is the only destination being offered on the trip, not including brief stops along the way. 100% of your trip is a result of your visiting the park.)
- ☐ a key **destination** or a **significant location**. (This means it is one of several sites where your services are provided. Some percentage of your trip is a result of visiting the park.)

6. What percentage of your trip is a result of visiting the park? \_\_\_\_\_

**FINANCIAL INFORMATION**

7. What were the total gross receipts from your operation? \_\_\_\_\_
8. What were the gross receipts earned as a result of visiting the park? \_\_\_\_\_  
See Instructions

**INJURY INFORMATION**

9. Did you have any reportable injuries occur during your trips this year? Yes ☐ No ☐

*If yes, please use a separate sheet of paper to report the date and type of injury and a brief statement of the incident and the outcome of the patient care, please omit the patient's name. A reportable injury involves any medical incident or injury requiring medical aid beyond Basic First Aid and/or when a request for medical aid/rescue assistance is made. You do not need to send in a report if you have already done so.*

10. Signature: False, fictitious or fraudulent statements of representations made in this report may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or **imprisonment** (U.S. Code, Title 18, Section 1001). All information

provided will be considered in reviewing this report. Authorized Agents must attach proof of authorization to sign below.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

---

Signature

---

Date

---

Printed Name

---

Title

**PAPERWORK REDUCTION ACT STATEMENT:** In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Concession Management Improvement Act of 1998 (16 U.S.C. 5966). Your response is required to obtain or retain a benefit in the form of a Commercial Use Authorization. We will use the information you submit to evaluate your impact to park resources and compliance with park regulations and limitations. We estimate that it will take approximately 1.25 hours to prepare a report, including time to review instructions, gather and maintain data, and complete and review the report. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, National Park Service, 1849 C Street NW, Mail Stop 2601, Washington, D.C. 20240.

# ANNUAL REPORT INSTRUCTIONS COMMERCIAL USE AUTHORIZATION

## INSTRUCTIONS

These instructions correspond to the numbered questions in Form 10-660.

1. Enter your contact information as it appears on your permit.
2. Enter the service you provide as it appears on your permit.
3. Enter the number of visitors who use your service. Enter the number of trips your company made to the park; i.e., a two person backpack trip for 3 days is ONE TRIP. Note: if you submit monthly reports, we only require you to add the monthly reports together. Use the table to report total numbers of visitors for each month.
4. Enter the average number of hours or days a customer spends in the park on one of your trips.
5. Check the box that best describes the level of importance the park plays in this CUA.
6. Enter the percentage of your activity that takes place in the park.

Example: If you raft through the park and 8 of 10 miles are inside the park, then 80% of the activity takes place in the park. OR If you spend 4 hours on a hike and the last hour is hiking outside the park then you spend 75% of the activity in the park.

7. Enter your total gross receipts for this business year.
8. Enter the dollar amount of your gross receipts that is the portion of your total gross receipts that you earned as a result of visiting the park.

If the park is the exclusive destination for your activity, then 100% of your gross receipts are a result of your visiting the park. If it is a primary or incidental destination, then estimate what percentage is a result of visiting the park. As a general rule, this should not be less than the answer to #6.

9. Provide details of any reportable injuries incurred to you, your employees, or clients this year.
10. Signature of business owner or authorized agent.